

IS ANOTHER CHAPTER IN PUBLIC PHTHISIOPHOBIA ABOUT TO BE WRITTEN?

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ACCORDING to press reports, the special committee appointed by the State Senate at the last session of the Legislature to inquire into the advisability of establishing a State hospital for the care of tubercular patients, held its meeting recently in this city and decided upon a course which illustrates the fact that phthisiophobia is spreading, and emphasizes the necessity of the medical profession taking an active part in setting the people aright on this important question. That there is danger from tuberculosis no one will deny; but that the general public is becoming needlessly alarmed, and is magnifying the danger of infection, is likewise undeniable. The trouble with the people is that they are going at the matter blindly. They are not stopping to find where the danger lies. It is the privilege and duty of the medical profession to instruct the people that they may know how to protect themselves, and also that they may not work unnecessary hardships upon those afflicted with tuberculosis.

I wish to discuss this question, both from a scientific and humanitarian standpoint. From the former, such action as is contemplated by the Senate committee is inadequate and unnecessary; from the latter it is unjust and cruel.

It is proposed, so the press report goes, to recommend legislation restricting immigration into the State of tubercular patients and providing for a board of examiners to pass upon all "patients" coming into the State and to prevent "those undesirable" from entering.

Here arises a constitutional question with which we will not deal, except incidentally; but from a medical standpoint quarantine is certainly impractical. I suppose by "those undesirable" is meant those who are to become a burden upon the State; but unless the law will allow a discrimination to be made between the man with the money and the man without, then such a measure can not stand.

In dealing with such diseases as scarlet fever, diphtheria and smallpox, the measures applied to one are applied to all; and would not the same be true in tuberculosis? Then the question arises, is it desirable to keep all tubercular patients out of our State? In order for such a position to be maintained it must be shown that contact with those afflicted with tuberculosis is dangerous *per*

se and that personal contact with them is prone to spread the disease. Such a position is not based on fact and can not be sustained by experience. Tuberculosis is not a contagious disease in the sense in which we use that term, but a communicable disease. You may come in contact with a patient who is expectorating bacilli by the million daily, yet, if he is careful to destroy the sputum, there is no danger. The danger from this disease comes from ignorance and carelessness; it can be avoided by education and care. No method of dealing with the tubercular patients can be devised without keeping in mind the scientific facts which have been ascertained regarding the cause of the disease. Knowing that the bacillus is the direct cause of the disease, and that those things which lower vitality are the indirect cause, all measures, whether legislative or philanthropic, which have for their purpose the prevention of the spread of tuberculosis must be directed to the destruction of tuberculous sputum and other discharges if they contain the bacillus, and to the elevation of the plane of living of the people.

To those who are in the habit of thinking of tuberculosis as a highly infectious disease, and to those who have the power to legislate on this subject, the experience of close personal contact with these patients, as it comes in sanatoria, should teach an important lesson. During the past twenty years there have been treated in the Brompton Hospital for Diseases of the Chest, in London, more than fifteen thousand cases of tuberculosis; and yet neither a nurse nor attendant has been infected. The same record has been made at Falkenstein, Germany; the Adirondack Cottage Sanitarium, and the Winyah, at Asheville. If this disease were so infectious as to require quarantine laws against those of our fellow citizens who have been so unfortunate as to become afflicted with it, then we would expect those who come in daily contact with them in these institutions to contract the disease. That they do not, shows us that tuberculosis should not be classed with the contagious diseases, but rather as a communicable disease, whose spread may be prevented by such care as is taken in these sanatoria. Professor Brouardel, who is at the head of the anti-tuberculosis crusade in France, in his address before the London Tuberculosis Con-

gress, in discussing this question, said: "Thus gradually in all countries the public are beginning to realize that personal care and cleanliness are necessary to obviate contagion, and are also realizing that other idea—to my mind equally important—that a consumptive patient is only dangerous if the necessary precautions are not taken around him, and if he himself does not take them to protect his relatives, friends and fellow-workmen from contagion."

Granting that a quarantine law would be constitutional, and that it were desirable to keep all tubercular patients out of our State, would it accomplish the purpose for which it is intended? This purpose is to check the spread of tuberculosis in the State, but such a law would be futile. Measures which go nearer to the root of the tuberculosis question are necessary. This disease develops within the borders of our own State. There is no place nor no climate which is immune. It develops in the mountains of Switzerland, in our Rocky mountain States and in California. According to the census of 1900, there were more deaths from tuberculosis per thousand of population reported from San Francisco than any other large city in the United States, and surely no one will attribute this to the importation of cases. Then, with tuberculosis already in our own State, and with the evidence that it can be prevented by proper sanitary regulations, would it not be more practical for our legislators to enact measures providing for the destruction of sputum, the prevention of overcrowding, for the care of the afflicted?

If a quarantine law were passed, or if any unwise measure were enacted, there is great danger that it would increase the unreasonable fear which already occupies the minds of the public; and, as a result, would work undue and unnecessary hardships upon those afflicted with the disease. They are not criminals. It is no fault of theirs that they are afflicted, but it is the fault of society collectively for not teaching the manner of preventing tuberculosis and not enacting and enforcing laws which will do so. These poor patients have enough to bear without being treated as lepers, and the society which would add an unnecessary stigma to them is culpable and inhumane. What one of us would want to be treated as a social outcast? We may be well today, but what have we to insure us that we have not latent tuberculosis processes within our lungs that may be started into activity in the future? What one of us has not a friend or dear one who is afflicted with this disease? It must be remembered that in dealing with tuberculosis we are dealing with a preventable disease, and yet one that causes the death of about one-seventh of the world's population and one which afflicts about one-half of them sometime during their lifetime.

It must also be borne in mind that it is a curable disease.

The great danger of spreading the disease comes from patients being in unsanitary and unhygienic surroundings, where the sunlight does not enter and where ventilation is impossible. Scientific experiments show that the direct rays of the sun will kill the bacilli in from a few minutes to a few hours. In dark, illy-ventilated apartments, however, the bacilli will live for months. It is wonderful to contemplate that while a tubercular patient will cast off several millions of bacilli a day, and while the disease usually lasts months, and often years, on an average each case does not infect quite one new one. This fact should certainly be enough to quiet the fears of those who seem to be panic-stricken, thinking this disease so highly infectious.

We may learn lessons in dealing with this disease from the experience of other States and other nations. To-day the whole civilized world is directing its attention to the prevention of the spread of tuberculosis. This organized effort is pregnant with hope. In the light of what has been accomplished by isolated efforts here and there, we believe that in the near future we will see the beginning of a universal reduction in the death rate from this malady. The death rate from tuberculosis has been reduced 35 per cent in New York City since 1886. This Biggs attributes largely to the influence of notification. From 1883 to 1894 it was reduced 32 per cent in the city of Berlin, and in the same time nearly 40 per cent in London. These reductions have been made, it might be said, without the co-operation of the people, at least without an intelligent co-operation. From now on the effort will be united under the guidance of the International Central Bureau for the Prevention of Tuberculosis, whose headquarters is in Berlin. This Central Bureau hopes to have members in all civilized countries, and its purpose will be to study the tuberculosis problem and suggest, and try to carry out, the best measures for its prevention.

The measures which recommend themselves as being of value are: First, those which will prevent the healthy from becoming infected, such as laws providing for the construction of sanitary dwellings and the prevention of overcrowding, instruction in the laws of hygiene and sanitation, teaching the people the necessity of fresh air, day and night, and the importance of keeping their bodies strong and healthy; second, those which are directed to the afflicted.

Tuberculosis differs from the ordinary contagious diseases in that it is a chronic disease, lasting usually for months, and often for years. During all this time, if the patient observes ordinary care, the chances are that he will not infect a single person; and where he is kept in a sanatorium or hospital, and surrounded with sanitary

precautions that are there used, he is, as shown by experience, entirely free from the danger of scattering infection. With the other diseases mentioned, no matter how careful, and no matter how sanitary the surroundings, the unprotected are very likely to become infected.

Since it differs from these diseases, it must be dealt with differently. As a disease it spares neither rich nor poor, yet it makes its greatest ravages among the latter. Perhaps 90 per cent of those afflicted are among the poor, those who are overcrowded and underfed. In their unhygienic homes they lie and suffer, infecting their surroundings and endangering their friends. How this can be prevented is the problem. In the first place we must educate. We must inspire every one with the fact that tuberculosis is preventable. We must teach them that if they will put themselves under proper surroundings that more than 50 per cent of them can be cured when they are first taken ill.

Since so large a percentage of them can be cured, it should be the pride as well as duty of the nation, State and municipality to see that they are cured. The large majority of these are too poor to be cured without help. Many of them are the breadwinners, and if they stop to be treated (and in order to be treated the medical advice would have to be furnished gratis), the support of the family would cease, and rather than to have this occur they work on until they become helpless and are relieved by the Grim Reaper.

These poor sufferers must be given medical attention; they must be put in the best circumstances possible for regaining health. To accomplish this the experience of other nations, notably Germany, France and England, teaches us valuable lessons. These nations, along with some others, are caring for their tubercular poor. They are providing sanatoria for the treatment and cure of the incipient cases, and hospitals for those advanced. More than 85 per cent of those who are treated in the sanatoria for a period ranging from three to nine and ten months, are able to return to work, and half of the early cases are cured. Those who are too far advanced are taken from their miserable surroundings and put in clean, comfortable quarters where their sputum and other infectious discharges are destroyed. Their former quarters are disinfected, and thus one more source of infection is destroyed and a human being is made comfortable during his last days. This being a disease of society, and the one afflicted being so for no fault of his own, but because society has failed to protect him from a preventable disease, he has a right to look to society for aid. On the other hand, society has a right to demand of the afflicted that he take those measures which are necessary for the protection of the well.

I would not in the least minimize the danger of infection, nor would I omit any measures which are necessary for the protection of society; but I would not have unnecessary hardships imposed upon those who are afflicted. In order to do justice to all we have a difficult problem before us, but one which is capable of a scientific, just and humane solution.

It is to be regretted that the Senate committee will report adversely on the subject of a State hospital. Our State needs not only one, but several such institutions, and if the matter were put before our legislators in the proper manner, I believe they would see that it is a necessity, not only from a humanitarian standpoint, in the good that would come to the afflicted, but as a measure of self-defense. California has become noted as possessing a favorable climate for tubercular patients, and every year more and more are coming to our State. Many of these regain health and become useful citizens, while many of them die. But all of the afflicted are not coming from outside of our State. This disease is in our midst. We could find enough native cases throughout our State to fill several institutions, and a few well regulated institutions would cure many cases and return them to their homes to provide for their families and to carry back ideas of sanitation. It is a notable fact, observed by all directors of sanatoria, that the inmates of these institutions leave their walls and go forth as missionaries, teaching their former friends how to live. Then it would be a good investment to provide hospitals where the advanced cases could be taken, so as to prevent them from infecting their surroundings. It must be remembered that it requires money to carry out sanitary measures, and, even if the poor wanted to do so, many of them would be unable without help.

One of the greatest recommendations that can be given to sanatoria is the effect they have upon the communities in which they are placed. Professor Ebstein, in his recent book on "Village and State Hygiene," collected statistics from those open health resorts which are visited by tubercular patients and compared them with those places where sanatoria are located, and found that in the former the death rate from tuberculosis is increasing, while in the latter it is decreasing. He says, after this investigation, that it is an open fact that the influence of these institutions is beneficial to the localities in which they are placed.

This is properly a medical question, and its solution must come through the medical fraternity, or by its aid. Would it not be the proper thing to have a State commission of medical men to inquire into the status of the tuberculosis problem in our State and to suggest the measures necessary for its prevention? It is to be hoped that the medical fraternity will become aroused and that it will use its influence in preventing unwise, un-

scientific and inhumane legislation, such as has been suggested.

A thorough ventilation of this question through the medical press and medical societies of the State would doubtless result in good to the cause.

After consultation with several members, the writer offered the following resolutions to the Los Angeles County Medical Society at its regular meeting on January 2, 1903, which were adopted without a dissenting vote:

WHEREAS, There is a growing tendency on the part of both private individuals and public officials to regard and classify tuberculosis as a highly contagious disease; and, whereas, such action has a tendency to cause tuberculosis to be associated with such diseases as smallpox, scarlet fever and diphtheria, which are conveyed by simple contact with an infected individual; be it

Resolved, That the Los Angeles County Medical Society deeply deplures such action, which is not based on scientific experiment or clinical experience, and believes it to be unwise and unscientific; and be it further

Resolved, That, while the Los Angeles County Medical Society recognizes tuberculosis to be a communicable disease, and while it would urge every necessary precaution to be put forth to stay its progress, yet it is opposed to all unwise and unnecessary acts which have a tendency to create unnecessary fear on the part of the people and to work undue hardships upon the consumptive individual and his family.

OOPHORECTOMY—ITS EFFECT ON THE MIND AND NERVOUS SYSTEM.*

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THE object of this brief paper is simply to call out information on three points.

First, what effect has oophorectomy on epilepsy? Second, what effect has oophorectomy on insanity? Third, what effect has oophorectomy on a patient who has no apparent disease of the mind or nervous system?

In regard to its effect on epilepsy, the intimate relations of the uterus and ovaries, especially at the menstrual period, with the brain and nervous system, has led many observers to look to these organs with the hope that surgical interference would give relief.

That the absence of menstruation might be beneficial to the epileptic has been inferred from the fact that pregnancy has been found to have at least an ameliorating effect on the epileptic. Independent investigators have demonstrated that out of forty-six observed cases of epilepsy that became pregnant, twenty-nine cases were decidedly improved, nine cases were stationary and eight cases were aggravated.

In regard to oophorectomy for epilepsy, I have had but three cases, as follows:

First, M. J., aged 20. She was originally of fair intelligence and began having epileptic

seizures when 15. These had become more and more frequent, and had injured her mind, until it became necessary to send her to a hospital for the insane. She was brought from the insane hospital in order that I might operate on her. The case offered no tangible hope, but as a *dernier resort* I agreed to operate, knowing that she would otherwise become a confirmed imbecile. Consequently, five years ago, I removed her ovaries. She made a quick recovery from the operation, but continued having convulsions just the same, and about six months later died in the insane asylum.

The second case was a woman of 35, whose attacks had begun about twelve years previous. She had an hypertrophied, lacerated retroverted uterus, and I decided to remove the uterus and the ovaries, which I did vaginally one year ago. This patient made a quick recovery and was absolutely free from any symptoms of epilepsy for a few weeks after the operation; since then she has completely relapsed to her former condition.

The third case was one that seemed to me particularly encouraging. This patient, M. J., was 19 years of age. She began menstruating when 13 years of age, and the very first day of her menstrual period she had her first convulsion. From that time on her epileptic seizures and her menstruation were almost synchronous. At times, when she had missed her menstrual period, she had also missed her convulsion; consequently, after getting the approval of Dr. H. G. Brainerd, I did an oophorectomy at the California Hospital, Los Angeles, October 16, 1900. She made a fine recovery and went home in three weeks. It is now a year and a half since the operation. For the first two months she had no sign of an attack, and during that time her mind, which was previous to the operation becoming weakened, gained in strength, and all felt encouraged; but after two months she began losing ground and has relapsed into her former condition.

My experience has certainly been very discouraging, but we at least have the satisfaction of knowing that these afflicted patients will never reproduce themselves.

Some authors believe that it would be still better to remove the uterus and leave the ovaries, thus superinducing the menopause and at the same time giving the patient the alleged advantage of the remaining ovarian tissue.

Dr. J. H. McBride, of Los Angeles and Pasadena, says that in his experience the operation has done no permanent good in epilepsy, while Dr. H. G. Brainerd, of Los Angeles, says: "In regard to the effects of oophorectomy on epilepsy I can recall only four or five cases in which the operation has been done for relief from that disease. In only one of these, other than the case which you operated on at my request, the seizures were uniformly recurring at the menstrual period. The operation produced the menopause, with a

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